

SUMMER CAMPS 2018

Our program caters to both Rep & House League levels, and incorporates both Boys & Girls. These Summer Camps have a low instructor-to-student ratio and players are grouped according to skill level. We train defensemen with game-type situations, and prepare players for the upcoming season. Train on our large ice surface - don't settle for less!



**FOR AGES
7-10 &
11-13**

3 WEEKS OF CAMPS TO CHOOSE FROM:

WEEK 1: August 13 - 17

WEEK 2: *August 20 - 24

WEEK 3: August 27 - 31

Each week runs 11:30am - 1pm, daily

Weeks 1 & 3 at Wave Twin Rinks

*Week 2 at Wave Sports Centre

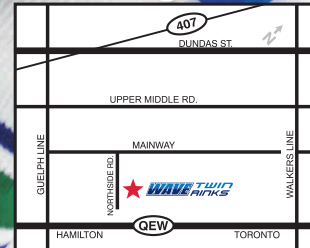
For Rep & Advanced House League players

With professional instruction from Wave Hockey certified instructors

- ★ Gap control
- ★ D-Zone coverage
- ★ First passes
- ★ Backwards skating techniques
- ★ NHL-calibre drills
- ★ Front-of-net control
- ★ Efficient stick use
- ★ Containing
- ★ Point shooting

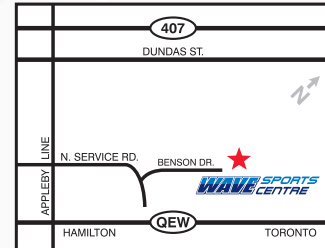


WEEKS 1 and 3 @



1179 NORTHSIDE RD, BURLINGTON, ON L7M 1H5

WEEK 2 @



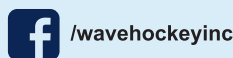
5065 BENSON DR., BURLINGTON, ON L7L 5N7

PRICING

Per Player +tax

Per Week: **\$209^{.73}**

All 3 Weeks: **\$549^{.56}**



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact us @ 905-336-3434 ext. 10
or programs@wavehockey.net

WAVE HOCKEY

REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at Wave Twin Rinks (1179 Northside Rd, Burlington, ON L7M 1H5)

D CLINICS - SUMMER CAMPS 2018

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Number: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Sex: Male Female

Medical Conditions / Allergies / Questions: _____

E-mail: _____

What is the name & level of your current team?: _____

How did you hear about this camp?: _____

Level of Ice Hockey this year:

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Rep A | <input type="checkbox"/> House League Advanced | <input type="checkbox"/> Girls House League |
| <input type="checkbox"/> Rep AA | <input type="checkbox"/> Select | <input type="checkbox"/> Girls Rep |
| <input type="checkbox"/> Rep AAA | | <input type="checkbox"/> Other _____ |

Which Week(s) are you registering for?:

<input type="checkbox"/> Week 1: August 13 - 17	11:30am - 1pm at Wave Twin Rinks
<input type="checkbox"/> Week 2: *August 20 - 24	11:30am - 1pm at *Wave Sports Centre
<input type="checkbox"/> Week 3: August 27 - 31	11:30am - 1pm at Wave Twin Rinks

Camp Price (per week): Per Week **\$237.00** All-in
All 3 Weeks: **\$621.00** All-in

Payment Options: Cash Cheque (Payable to Conacher Athletics Club) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$25 SERVICE CHARGE.

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY WAVE HOCKEY INC. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD THE PROGRAM OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE WAVE HOCKEY INC., ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT MY CHILD MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT MY CHILD IS IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. THE PLAYER MUST WEAR ALL APPROVED HOCKEY EQUIPMENT INCLUDING HELMET, FULL FACE MASK, SHIN PADS, ELBOW PADS, HOCKEY GLOVES, HOCKEY PANTS, SHOULDER PADS, MOUTH GUARDS AND HOCKEY SHIRT. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I UNDERSTAND THAT I AM PERMITTING WAVE HOCKEY INC. TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: _____ Date: _____